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Country programme document for Peru

Proposed indicative UNFPA assistance:	$11.4 million: $3.8 million from regular resources and $7.6 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2017-2021)
Cycle of assistance:	Ninth
Category per decision 2013/31:	Pink

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.2	1.3	2.5
Outcome 2	Adolescents and youth	0.8	0.7	1.5
Outcome 3	Gender equality and women s empowerment	0.7	0.6	1.3
Outcome 4	Population dynamics	0.8	5.0	5.8
Programme coordination and assistance		0.3	-	0.3
Total		3.8	7.6	11.4

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I. Situation analysis

1. Peru is South America's third largest country, with 31 million inhabitants distributed among three natural regions – the coast, the highlands and the Amazonian rainforest. It is a multi-ethnic, multicultural country, with 24 per cent of the population comprising indigenous peoples and 3 per cent Afro-descendants. Peru is highly urbanized. Some 77 per cent of the population lives in urban areas, while 22 per cent of the population, mainly indigenous, is dispersed throughout the highlands and rainforest regions, where major development gaps are concentrated.

2. Despite gradual ageing, Peru is still a young country. Almost a third of the total population, 8.3 million people, are 15-29 years old. The declining demographic dependency ratio, expected to reach its lowest level by 2035, opened a window of opportunity for development, while also posing pressing challenges and social demands.

3. Peru is an upper-middle-income country, ranking high in the human development index (84 out of 188 countries in 2015). Strong economic growth, at an average annual rate of 6 per cent during 2005-2014, has expanded employment opportunities and provided fiscal space for strengthened social policies and programmes. These are the driving factors in the steady decline of poverty. Between 2000 and 2014 monetary poverty dropped from 54.4 per cent to 22.7 per cent. However, the inequality remains high (Gini coefficient 0.44).

4. Significant income, gender, generational, ethnic, cultural, and territorial inequalities persist. Poverty still affects half of the population in the rural highlands, where most self-identify as indigenous. It is estimated that 41 per cent of the rural highland population self-identifying as indigenous and 43 per cent that identify as Afro-descendants are poor. At the national level, 27 per cent of indigenous peoples are poor.

5. Since 2002, the Government underwent a modernization process to promote sustainable development, improve decentralized public policies management for effective service delivery, and enhance government accountability through transparency mechanisms and citizens' participatory processes. Nevertheless, State presence across the country is heterogeneous, as reflected in the wide disparities in access to basic services experienced by different population groups.

6. During the last decade, the Government implemented reforms in different areas. Health sector reform, especially through comprehensive health insurance, expanded coverage and access to health services, including reproductive health services. As a result, skilled birth attendance in rural areas has tripled since 2000, contributing to improved maternal and neonatal health. The maternal mortality ratio declined from 140 deaths per 100,000 live births (2000) to 68 per 100,000 live births in 2015.

7. Despite progress, challenges persist in coverage, access and quality of health services. These challenges reflect deep-rooted inequalities. Access to reproductive health services for adolescents and youth, low-income indigenous and Afro-descendant women, particularly in the highlands and Amazonian rainforest, is hampered by territorial, legal, ethnic, and cultural barriers. In the highlands, the maternal mortality ratio is 152 deaths per 100,000 live births.

8. The use of modern contraceptive methods is among the lowest in Latin America. Modern contraceptive use has stagnated, at 50 per cent, since year 2000, due, in part, to a weakened family planning programme and limited training of providers on counselling and contraceptive delivery over more than a decade. The persistence of legal barriers to access contraceptives, limited implementation of comprehensive sexuality education programmes in schools and poor quality of services, including a lack of cultural sensitivity by health providers, prevents adolescents from fully exercising their sexual and reproductive rights.

9. The adolescent fertility rate is high (68 births per 1,000 women ages 15-19). The Demographic and Health Survey 2014 shows that 14.5 per cent of women aged 20-24 years became mothers before age 18. This percentage is even higher in the highlands (17 per cent) and in the Amazonian rainforest (28 per cent). At least three adolescents younger than 15 years become mothers each day; this is a matter of growing concern. Despite policy advancements, such as the Multisector Plan for Adolescent Pregnancy Prevention, 2013-2021, increased advocacy and policy dialogue are required for adequate budget allocation and to overcome legal and cultural barriers to the full attainment of sexual and reproductive rights.

10. The Government has started to implement more comprehensive social policies and strategies in order to prioritize harnessing the demographic dividend. In 2014, 16.9 per cent of youth (aged 15-29 years) were neither studying nor working. To address this, the Government is implementing the 'Include to Grow' campaign for adolescents and youth, particularly the most marginalized. Despite active mobilization of young people, youth participation in policy dialogue is still limited.

11. Gender-based violence is a serious social problem. Peru ranks second in femicide among Latin American countries. According to the Demographic and Health Survey, approximately 70 per cent of women in reproductive age suffered intimate partner violence at least once during their lifetime. Despite significant efforts to address this problem, development of a multisectoral response, better performance standards and adequate budget remain major challenges.

12. Peru has an advanced National Statistical System with updated surveys and periodic censuses, but its use for policymaking is limited, particularly at subnational levels. Despite continued mainstreaming of gender and intercultural approaches in statistical management, there is a need to enhance administrative records, such as vital and health records. The 2017 national census will be crucial for monitoring development indicators, including the Sustainable Development Goals, and to map development gaps.

13. Peru is highly vulnerable to humanitarian crises. Over the past 15 years, 10 million people required humanitarian assistance. Recently, disaster risk management has incorporated a population vulnerabilities approach, requiring improved information management on different needs. The integration of sexual and reproductive health in disaster response is also needed.

II. Past cooperation and lessons learned

14. Lessons learned from the previous country programme (2012-2016) indicate that: (a) brokering multi-stakeholder networks for enhanced participation of vulnerable groups in social monitoring of public policies and programmes on sexual and reproductive health and rights enables capacity development; (b) evidence-based advocacy and policy dialogue, through diversified partnership strategies, is a critical lever for impact in public policy-making; (c) development of pilots for scaling-up initiatives is a cost-effective intervention modality with great potential for public policy; (d) sustained capacity-building in an upper middle-income country like Peru, is still relevant at national and subnational levels; (e) it is important to seize the opportunities offered by a results-based management framework in the context of decentralization.

15. The evaluation recommended to: (a) continue promoting evidence-based analysis, positioning sexual and reproductive health issues, scaling up effective models for the reduction of maternal and neonatal mortality, preventing adolescent pregnancy and increasing use of modern contraceptives; (b) continue advocating for the sexual and reproductive health and rights of adolescents and youth, including by facilitating their participation in policy dialogue; (c) continue to advocate for a multisectoral response to sexual violence in the context of gender-based violence, and to include sexual and

reproductive health in disaster risk management; (d) strengthen resource mobilization efforts, while systematizing and disseminating generated tools, including through fostering South-South and triangular cooperation.

III. Proposed programme

16. The proposed programme is aligned with the following national priorities: (a) National Policy on International Technical Cooperation, the National Agreement, and the Bicentennial Plan towards 2021; (b) United Nations Development Assistance Framework (UNDAF), 2017-2021; (c) 2030 Agenda for Sustainable Development; (d) Programme of Action of the International Conference on Population and Development; and (e) Montevideo Consensus on Population and Development. It was developed in consultation with the Government, civil society, academia, and multilateral development partners, including other United Nations organizations. Evaluation findings and lessons learned from the previous programme were incorporated.

17. Aligned with the 2030 Agenda for Sustainable Development, the programme will support government efforts to generate conditions for sustainable, inclusive economic growth and shared prosperity. It will specifically contribute to achieving universal access to sexual and reproductive health services, supporting the realization of sexual and reproductive rights, with a focus on adolescents and youth, low-income, indigenous (particularly those living in the highlands and the Amazonian rainforest) and Afro-Peruvian women. In line with the UNFPA business model, the programme reflects an upstream shift in its work towards increased advocacy and policy dialogue, which will utilize specialized and flexible UNFPA technical expertise. These efforts will be complemented by knowledge management strategies aimed to generate evidence for policy-making and to formulate innovative communication strategies. It will systematize good practices to design strategic interventions for South-South or triangular cooperation. The Peru country office will also provide technical support to the Chile and Paraguay country offices.

A. Outcome 1: Sexual and reproductive health

18. Output 1: Strengthened policies and programmes to improve access to integrated sexual and reproductive health services, including in humanitarian settings, adopting human rights-based, gender and culturally-sensitive approaches, particularly addressed to adolescents and youth, Andean and Amazonian indigenous and Afro-descendant women. This will be achieved by: (a) providing policy advice to incorporate rights-based, gender and culturally sensitive approaches in sexual and reproductive health policies, plans and programmes; (b) supporting the Ministry of Health to strengthen and scale up health service delivery models that have been proven effective in reducing maternal and neonatal mortality, among marginalized populations, particularly indigenous and Afro-Peruvian peoples; (c) promoting evidence-based advocacy for adequate budget allocation for high-quality family planning services, with an emphasis on expanding the range of contraceptive methods; (d) providing technical assistance for the implementation of the Multisectoral Plan for Adolescent Pregnancy Prevention; (e) promoting informed participation of civil society in the monitoring of sexual and reproductive health policies; and (f) providing technical assistance to the Ministry of Health to integrate the Minimum Initial Service Package for reproductive health in humanitarian settings.

B. Outcome 2: Adolescents and youth

19. Output 1: Increased national capacity to design and implement evidence-based laws, policies and programmes that address the sexual and reproductive health and rights of marginalized adolescents and young people, ensuring their comprehensive development. This will be achieved by: (a) providing policy advice to include sexual and reproductive rights of young people in public policies, at national and subnational levels, particularly

adolescents girls under 15 years old in marginalized communities; (b) promoting policy dialogue to overcome legal and social barriers to sexual and reproductive health services for adolescents and young people, including means of protection and HIV prevention; (c) intensifying advocacy efforts to incorporate comprehensive sexual education into the national curriculum; (d) enabling youth organizations' participation in policy dialogue to advocate for their human rights and sexual and reproductive rights, including in humanitarian situations; and (e) systematizing good practices in South-South or triangular cooperation to address the sexual and reproductive health and rights of adolescents and young people.

C. Outcome 3: Gender equality and women's empowerment

20. Output 1: Strengthened capacity of government institutions and civil society organizations to advance reproductive rights and address gender-based violence, ensuring a life free from violence for women and girls, at the national and subnational levels, in compliance with international commitments and standards. This will be achieved by: (a) engaging national institutions and civil society organizations to monitor and advocate for national implementation of international recommendations on human rights, focused on sexual and reproductive rights, and the right to a life free from violence for women and girls; (b) supporting the design and implementation of a coordinated multisectoral response to gender-based violence at national and subnational levels; (c) promoting the engagement of men and boys to support gender equality; and (d) strengthening South-South or triangular cooperation in the response to gender-based violence.

D. Outcome 4: Population dynamics

21. Output 1: Increased availability of high-quality disaggregated data and evidence on population dynamics, sexual and reproductive health and their linkages to poverty and sustainable development, that enables the mapping of social inequalities for evidence-based policy-making, including in humanitarian settings. This will be achieved by: (a) facilitating technical processes that ensure the generation and use of census data and other statistical products and with the required disaggregation for monitoring the Sustainable Development Goals; (b) providing technical assistance to the National Statistical System to support the generation and use of disaggregated administrative records and survey data to map inequalities in sexual and reproductive health, youth and gender; (c) promoting and facilitating national studies on population dynamics, social inequalities and gaps in the fulfillment of sexual and reproductive rights; (d) strengthening capacities of civil society organizations to use evidence for advocacy and policy dialogue; and (e) promoting the incorporation of the Population Vulnerability Analysis into disaster risk-management policies.

IV. Programme management, monitoring and evaluation

22. UNFPA and the Government, through the Peruvian Agency for International Cooperation, will manage and monitor the country programme, using results-based management and accountability frameworks. National execution is the preferred implementation arrangement. UNFPA, the Government and partner organizations are accountable to deliver the expected results of the programme by regularly undertaking joint participatory reviews and monitoring and evaluation of programme implementation.

23. UNFPA will apply the standard operating procedures of the United Nations and implement the harmonized approach to cash transfers. Where feasible, UNFPA will develop joint programmes with other United Nations organizations, in the framework of the country's commitments to implementing the Sustainable Development Goals.

24. The country office has developed a partnership plan and a resource mobilization plan to leverage national and international donor funds and private-sector resources. The strategy

will specifically consider the upper-middle-income country context, the UNFPA business model and the governance system in various partnership modalities, using strategic communication initiatives to mobilize support. UNFPA will also leverage strategic partnerships and resources to support the provision and utilization of South-South and triangular cooperation, strengthening the role of Peru as a provider of services.

25. The country office includes staff funded through institutional budget to perform management and development-effectiveness functions. Use of regular resources will be optimized to maintain a core programme team that is highly specialized in human rights, sexual and reproductive health, gender, youth and population, prioritizing skills for policy-dialogue and advice, results-based management, inter-agency coordination, resource mobilization and communications.

26. In case of emergency, in consultation with the Government, UNFPA may reprogramme activities, especially life-saving measures, to respond to humanitarian situations. The programme will utilize technical, operational and programmatic support from UNFPA regional office, headquarter units and other sources.

RESULTS AND RESOURCES FRAMEWORK FOR PERU (2017-2021)

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
National priority: National Policy for International Technical Cooperation: 1. Social inclusion and access to basic services **UNDAF outcome 2**: Access to basic services **Indicator**: Maternal mortality rate; Percentage of adolescents who are pregnant or already mothers				
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicators: • Proportion of demand for contraceptives satisfied (total) *Baseline: 89.7%; Target: 90.7%* • Percentage of live births attended by trained health staff *Baseline: 91.8%; Target: 95%*	Output 1: Strengthened policies and programmes to improve access to integrated sexual and reproductive health services, including in humanitarian settings, adopting human rights-based, gender and culturally-sensitive approaches, particularly addressed to adolescents and youth, Andean and Amazonian indigenous and Afro-descendant women	• Number of policy interventions, supported by UNFPA, that expand access to high-quality family planning services for vulnerable populations *Baseline: 0; Target: 4* • Number of sexual and reproductive health regulations and guidelines developed with UNFPA support, that incorporate human rights, gender, generations and culturally sensitive approaches *Baseline: 0; Target: 3* • Number of health providers trained for the implementation of the Minimum Initial Service Package *Baseline: 100; Target:200*	Ministry of Health; Ministry of Women; Social Security Administration; Regional Health Authorities; National Civil Defence Institute; other United Nations organizations; Pathfinder International; PRISMA	$2.5 million ($1.2 million from regular resources and $1.3 million from other resources)
National priorities: National Policy for International Technical Cooperation: 1: Social inclusion and access to basic services; 2: State and governance **UNDAF outcomes 1, 2 and 4**: Productive and decent work; Access to basic services; Peace, human security and rule of law **Indicator**: Percentage of women (aged 15-19) who neither work nor study				
Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicator: • Number of laws and/or policies that favour adolescent access to counselling services on sexual and reproductive health services and HIV *Baseline: 1; Target: 2*	Output 1: Increased national capacity to design and implement evidence-based laws, policies and programmes that address the sexual and reproductive health and rights of marginalized adolescents and young people, ensuring their comprehensive development	• Number of policies and programmes that address the barriers that limit adolescents and young people from exercising their sexual and reproductive rights, designed with UNFPA technical support *Baseline: 0; Target: 3* • Number of advocacy initiatives within public policies and programmes implemented via participatory platforms that include sexual and reproductive rights of marginalized adolescents and youth *Baseline: 0; Target: 4*	Ministries of: Education; Development and Social Inclusion; National Youth Secretariat; Regional Youth Councils; Andean Regional Commonwealth Youth Council; Peruvian Network of Young Afro-descendants - ASHANTI Peru; United Nations organizations	$1.5 million ($0.8 million from regular resources and $0.7 million from other resources)

National priorities: National Policy for International Technical Cooperation: 1. Social inclusion and access to basic services; 2. State and governance **UNDAF outcomes 2 and 4**: Access to basic services; Peace, human security and rule of law **Indicator**: Recommendations by United Nations treaty entities that are implemented by Government of Peru				
Outcome 3: Gender equality and women's empowerment Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth Outcome indicator. • Action plans on gender equality that integrate reproductive rights with public budget allocations *Baseline: 0; Target: 1*	Output 1: Strengthened capacity of government institutions and civil society organizations to advance reproductive rights and address gender-based violence, ensuring a life free from violence for women and girls, at the national and subnational levels, in compliance with international commitments and standards	• Existence of a government and civil society mechanism to follow up the adoption of international recommendations on sexual and reproductive rights, with UNFPA support *Baseline: Yes; Target: No* • Number of policies and programmes that address sexual violence with a multisectoral approach, designed with UNFPA support *Baseline: 0; Target: 3*	Ministries of: Foreign Affairs; Justice; Women; Health; Ombudsman; the judiciary; the Peruvian police; Sexual and Reproductive Health Board; International Cooperation Gender Board	$1.3 million ($0.7 million from regular resources and $0.6 million from other resources)
National priority: National Policy for International Technical Cooperation: 2: State and governance **UNDAF outcomes 1, 2, and 3**: Productive and decent work; Access to basic services; Efficient public management **Indicator**: Proportion of sustainable development indicators produced at national level, disaggregated				
Outcome 4: Population dynamics Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality Outcome indicators: • At least one census of good quality has been processed, analyzed, and disseminated following international recommendations *Baseline: 0; Target: 1* • Number of new national plans/programs that address population dynamics in setting development targets *Baseline: 0; Target: 5*	Output 1: Increased availability of high-quality disaggregated data and evidence on population dynamics, sexual and reproductive health and their linkages to poverty and sustainable development, that enables the mapping of social inequalities for evidence-based policy-making, including in humanitarian settings	• Population and housing census developed and disseminated, following international standards *Baseline: No; Target: Yes* • Number of national government institutions using population projections for planning and monitoring public policies *Baseline: 0; Target: 8* • Number of Sustainable Development Goal indicators under UNFPA commitment, with levels of disaggregation for mapping demographic and socioeconomic inequalities *Baseline: 0; Target: 10*	National Institute of Statistics; Ministries of: Economy and Finance; Health; Women; Culture; Social Security; National Secretariat of Youth; National Centre for Estimation, Prevention and Reduction of Disaster Risks	$5.8 million ($0.8 million from regular resources and $5.0 million from other resources) Total for programme coordination and assistance: $0.3 million from regular resources